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| SERIAL NUMBER<br>10/660,090 | FILING DATE<br>09/11/2003<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>08321-0113 US1 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\*** *PS*

This appln claims benefit of 60/410,512 09/13/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/03/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>42 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and Acknowledged                                   | Examiner's Signature <i>PS</i><br>Initials  |                           |                        |                       |                            |

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## TITLE

Methods and kit for treating Parkinson's disease

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>680 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
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